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Certificate of Mailing

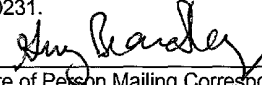
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I hereby certify under 37 C.F.R. § 1.10 that this correspondence is being deposited with the United States Postal Service as "Express Mail Post Office to Addressee" with sufficient postage on the date indicated above and is addressed to: BOX PATENT APPLICATION, Commissioner for Patents, Washington, D.C. 20231.

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UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 CFR §1.53(b)

Attorney Docket Number

50026/012003

Applicant

Keiya Ozawa et al.

Title

GENE THAT IMPARTS SELECTIVE PROLIFERATIVE ACTIVITY

PRIORITY INFORMATION:

This application is a divisional of and claims priority from United States patent application 09/142,305, filed September 10, 1999, which claims priority to PCT/JP97/00687, filed March 5, 1997, which claims benefit of Japanese patent application 8/47796, filed March 5, 1996.

SMALL ENTITY STATUS:

☒ Applicant claims small entity status under 37 C.F.R. § 1.27.

APPLICATION ELEMENTS:

Cover sheet	1 page
Specification	15 pages
Claims	2 pages
Abstract	1 page
Drawing	13 sheets
Combined Declaration and POA, which is: <input type="checkbox"/> Unsigned; <input type="checkbox"/> Newly signed for this application; <input checked="" type="checkbox"/> A copy from prior application 09/142,305 and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein.	3 pages
Sequence Statement	
Sequence Listing on Paper	
Sequence Listing on Diskette	
Small Entity Statement, which is: <input type="checkbox"/> Unsigned;	

<input type="checkbox"/> Newly signed for this application; <input checked="" type="checkbox"/> A copy from prior application 09/142,305 and such small entity status is still proper and desired.	1 page
Preliminary Amendment	2 pages
IDS	5 pages
Form PTO 1449	3 pages
Cited References	
Recordation Form Cover Sheet and Assignment	
Assignee's Statement	
English Translation	
Certified Copy of Priority Document	
Return Receipt Postcard	1
FILING FEES:	
Basic Filing Fee: \$355	\$355.00
Excess Claims Fee: 11 - 20 x \$9	\$0
Excess Independent Claims Fee: 0 - 3 x \$40	\$0
Multiple Dependent Claims Fee: \$135	\$135.00
Total Fees:	\$490.00
<input checked="" type="checkbox"/> Enclosed is a check for \$490.00 to cover the total fees. <input type="checkbox"/> Charge [**AMOUNT**] to Deposit Account No. 03-2095 to cover the total fees. <input type="checkbox"/> The filing fee is not being paid at this time. <input checked="" type="checkbox"/> Please apply any other charges, or any credits, to Deposit Account No. 03-2095.	
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Signature <u>James D. DeCamp</u> James D. DeCamp, Ph.D. Reg. No. 43,580	<u>13 July 2001</u> Date

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